MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

1/26/04   5/7/04   CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1		1		51							
2							52							
3						1	53							
4			1			^	54							
5			1			1	55							
6			1			1	56							
7			1			1	57							
8			1			1	58							
9			1			1	59							
10							60							
11							61							
12	1		1		1		62							
13				1		1	63							
14				1		1	64							
15				1		1	65							
16				1		1	66							
17				1		1	67							
18						1	68							
19				1		1	69							
20							70							
21	1						71							
22	1		1				72							
23	1						73							
24			1				74							
25			1				75							
26			1			1	76							
27			1				77							
28							78							
29						1	79							
30							80							
31						1	81							
32						1	82							
33						1	83							
34						1	84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5		7		10		TOTAL IND.							
TOTAL DEP.	18		14		18		TOTAL DEP.							
TOTAL CLAIMS	23		21		28		TOTAL CLAIMS							

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS ONLY

Application Number	Filing Date
10/764,884	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 3/31/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	/						51							
2							52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9							59							
10							60							
11							61							
12	/						62							
13		/					63							
14		/					64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19	/						69							
20							70							
21							71							
22	/						72							
23							73							
24	/						74							
25	/						75							
26	/						76							
27							77							
28	/						78							
29	/						79							
30	/						80							
31		/					81							
32		/					82							
33		/					83							
34		/					84							
35	/						85							
36	/						86							
37	/						87							
38	/						88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43		/					93							
44		/					94							
45		/					95							
46		/					96							
47							97							
48							98							
49							99							
50							100							
Total Indep	13						Total Indep							
Total Depend	24						Total Depend							
Total Claims	37						Total Claims							